

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

JEFFREY NORKUNAS

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

SOUTHERN PENNSYLVANIA

TRANSPORTATION AUTHORITY

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	JEFFREY NORKUNAS
	Street Address	37 OAK ST
	County, City	SALOM CO, SALOM
	State & Zip Code	NJ 08079
	Telephone Number	314-439-1972

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions ☐ Diversity of Citizenship
☐ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ADA TITLE II REG 28 CFR § 35,130

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? PHILADELPHIA PA
SEPTA COURTESY DESK 12TH & MARKET

B. What date and approximate time did the events giving rise to your claim(s) occur? 11/1/18, 11/13/18
11/28/18. CALLED CORPORATE ON APPROX 11/15/18

What
happened
to you?

C. Facts: TRIED TO GET A DISABLED REDUCED FARE BUS PASS
WITH MY NO TRANSIT DISABLED CARD & WAS DENIED, GIVEN
FORM TO SEE DOCTOR, RETURNED WITH SSDI PAPERWORK
& WAS STILL DENIED WITHOUT DOCTOR'S FORM. IF I WAS
ELDERLY I JUST SHOW STATE ID WITH PROOF OF AGE. SHOWED
FEDERAL PAPERWORK PROVING DISABILITY, REQUIRED TO DO MORE,
VIOLATION OF ADA LAW

Who did
what?

SEPTA, TRANSIT AUTHORITY; VIOLATED ADA TITLE II LAW

Was
anyone
else
involved?

NO

Who else
saw what
happened?

DID NOT GET WITNESS STATEMENTS OR NAMES

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

EXCESSIVE WALKING DUE TO ~~NOT~~ NOT BEING ABLE TO AFFORD BUS FARE CAUSED MORE WEAR + TEAR ON AN ALREADY DAMAGED BODY. EMOTIONAL STRESS, FATIGUE, EXHAUSTION, EXCESSIVE PAIN.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

FORCE SEPTA TO CONFORM TO ADA GUIDELINES, 25,000 FOR PAIN + SUFFERING, TIME LOSS, STRESS

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of January, 20 19.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

[Signature]

37 OAK ST

SALEM NH 08079

JNORKUNAS33@GMAIL.COM

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

[Signature]